IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT# 20483/10619 PIN# ~~4646 20 4611.71~~ 4646-28-0654 DATE 8/21/02

OWNER OR CONTRACTOR DIENST ENTERPRISES/RYAN HOMES PHONE: Business 309-0183 Home

ADDRESS 14315 W. CATAWBA AVE SUITE 200 CORNELIUS NC 28031

LOCATION WILLIAMSON - TR SUNDOWN - TR SUNDOWN COVE - ON RT

SUBDIVISION ESTATES @ SUNDOWN BLOCK / SECTION 2 LOT 71 LOT AREA 25000 ft² SITE CLASS. PS DESIGN FLOW 480 GPD L.T.A.R. .3650 IR FT

Septic Tank: 1000 Gallons; STB 794 Date 5-20-04
Pump Tank: 1000 Gallons; PT 27 Date 5-24-04
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 560 Linear Feet 280
No Lines 4@70' Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: LP PANEL
Repair System Description: SAME
Maintenance Agreement Required: ☑ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees ____
☐ Other ____

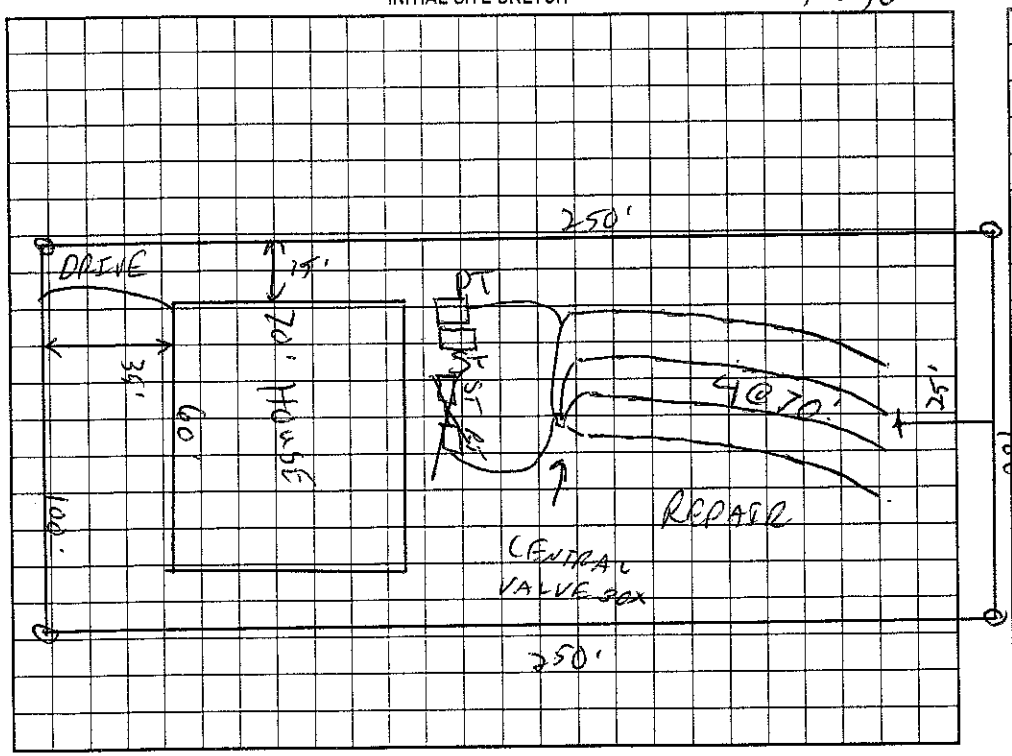
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☑ Community

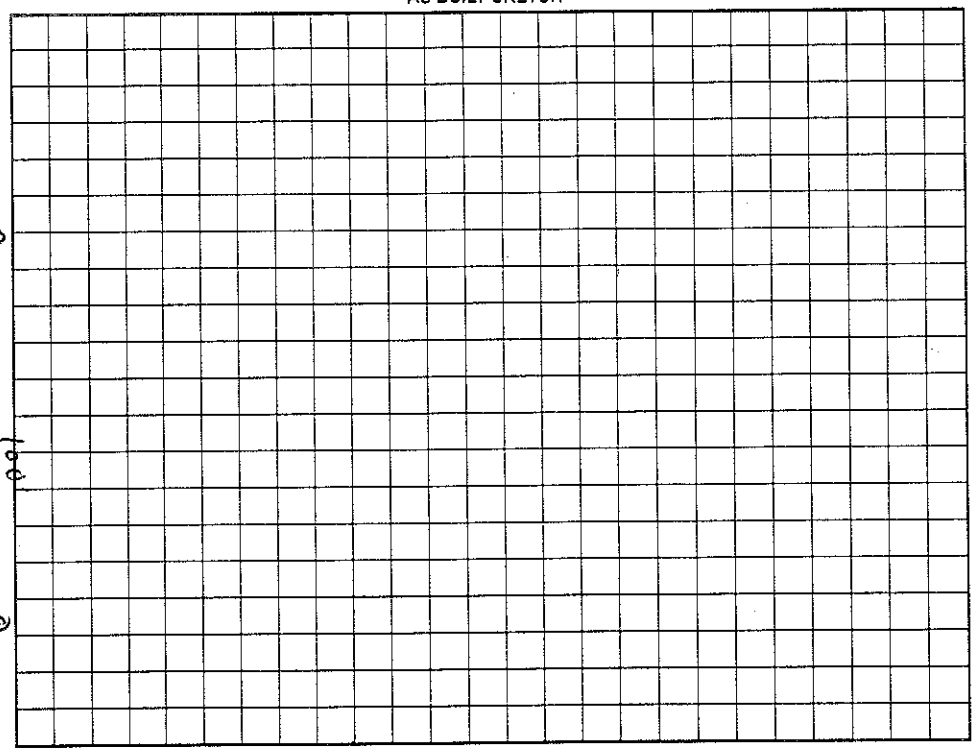
Comments/Conditions: 1) INLINE PUMP FILTER TO BE INSTALLED

Comments/Conditions: Checked tanks & lines 7/7/04
Checked pres, elect & alarm 7/12/04 mo
Maint. agreement attached.

INITIAL SITE SKETCH 1" = 50'



AS BUILT SKETCH



Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: Robert B. Friend date 9/26/02
Improvement Permit by: C. [illegible] RS date 8/21/02
Authorization to Construct by: C. [illegible] RS date 9/12/04

Installed by: R & H
Operation Permit by: Maria H. Dolan R.S. date 7/12/04
Existing System Inspection by: ____ date ____

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK